

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

| <u><b>Types of Pain &amp; Suffering</b></u><br><i>(The following are examples only – substitute with your facts)</i> | <u><b>Length of Time this bothered me</b></u>    | <u><b>How I treated/dealt with this</b></u>   | <u><b>Rank (seriousness compared to other types of p &amp; s)</b></u><br>“1” is most severe, “2” is the second worst severe, etc. |
|--|--|---|---|
| Numb left hand   | 1 <sup>st</sup> month                            | Elevated my arm when sleeping; had to just wait it out  | 5   |
| Couldn't breathe through L. nostril  | Since accident & ongoing                         | ENT Dr.Y, told me surgery wouldn't help-have to live with it-can't do aerobic exercise-cold weather worst-nose feels stuffed all the time | 1   |
| Nose malformation  | Since accident & ongoing                         | Embarrassing, but Dr.Y says surgery could make breathing worse, so I have to live with it   | 3   |
| Couldn't walk the dog  | 1 <sup>st</sup> 6 months                         | Dog was frustrated & misbehaved. I gained 10 pounds - very upset that I still haven't been able to lose the weight.                       | 4   |
| Scared to drive  | Especially 1 <sup>st</sup> 3 months, but ongoing | No choice but to drive to & from work and take children to school & activities. Suffer emotionally.                                       | 6   |
| Bruises  | 1 <sup>st</sup> 6 weeks                          | Trouble sleeping. Trouble taking care of basic needs because of soreness. See photographs furnished.                                      | 9   |

|   |  |  |   |
|---|--|--|---|
| Sore neck & shoulders   | Especially 1 <sup>st</sup> 4 months, but continued to a degree for 2 years. Now, just sore L. shoulder 2 x wk > long work day.           | Began Southland Physio 2 wks >accident & Mark Chiro 1 month >accident. Still attending physio 1 x mo.& doing home exercises.                     | 1*(reason 1 is being repeated, is because this example shows amalgamated list for 2 people. However, you should make a separate list for each of you) |
| Couldn't do housework & chores                                  | Total inability 1 <sup>st</sup> 6 wks., then increasing ability to do light h.w.   | House was dirty & cluttered. Laundry accumulated. With 5 children, was very upsetting. Still can't do heavy h.w. (vaccuming, taking out garbage) | 7   |
| <b><u>2) Types of Out of Pocket losses/expenses</u></b>         | <b><u>Evidence</u></b>   | <b><u>Total \$ value lost</u></b>  |   |
| Loss of employment income                                       | Furnished letter from employer, XYZ  | \$2,500  |   |
| Over the counter pain reliever                                  | Receipts provided  | \$75   |   |
| Travel Expenses (gas, vehicle maintenance) to doctors & therapy | 45 visits. I calculate 2000 kms. Furnished Statements of Treatment dates from Southland Physio & Mark Chiro (& 8 visits to Dr. X & Dr.Y) |  |   |
| Housekeeper   | Furnished receipts   | \$600  |   |
| New pillow & mattress (prescribed by physiotherapist)           | Furnished prescription note from physiotherapist   | \$800  |   |